

DECLARATION, PETITION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Telemetry Method and Apparatus for Ambulatory Medical Device**, the specification of which was filed on November 17, 2004 under application Serial No. PCT/US2004/038560.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.

Priority Claimed

(Number)	(Country)	(Day, month, year filed)	Yes	No
(Number)	(Country)	(Day, month, year filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §§ 119(e) and 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	Filing Date	(Status)	(Patented, pending, abandoned)
69/529,277	December 12, 2003		Abandoned
(Application Serial No.)	Filing Date	(Status)	(Patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: James A. Henricks (Reg. No. 31,168), Craig A. Slavin (Reg. No. 35,362), Peter L. Holmes (Reg. No. 37,353), Bryant R. Gold (Reg. No. 29,715), Laura Haburay Bishop (Reg. No. 47,424), Philip Lee (Reg. No. 50,645), Victoria A. Poissant (Reg. No. 56,871) and Albert Kau (Reg. No. 40,672).

Please send all correspondence to:

Henricks, Slavin & Holmes LLP

840 Apollo Street, Suite 200

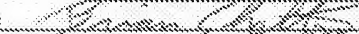
El Segundo, CA 90245

Attn: Craig A. Slavin, Esq. - (310) 563-1458

Customer Number 21836

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, and this declaration and petition.

Full name of first inventor Brian M. Shelton

Inventor's signature 

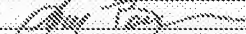
Date 6/6/2006

Residence 17816 Kinsale Street, #316, Northridge, California 91325

Citizenship United States of America

Post Office Address same as above

Full name of second inventor Sam W. Bowman

Inventor's signature 

Date 6/6/2006

Residence 26173 Via Raza, Valencia, CA 91355

Citizenship United States of America

Post Office Address same as above